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CHALLENGE TB



Challenge TB - Kyrgyz Republic

Year 2

Annual Report

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November 10, 2016

Cover photo: Opening speech of Dr. Kadyrov, NTP manager, during introductory workshop on new anti-TB drugs and shorter regimen conducted in Bishkek on July 6, 2016. Credit to Nurgulia Kulbekova

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List of Abbreviations and Acronyms

ADR	Adverse Drug Reaction
aDSM	Active drug safety monitoring and management
AE	Adverse Event
DDP	Department of Drugs Provision
DR-TB	Drug resistant tuberculosis
DST	Drug susceptibility testing
EQA	External quality assessment
FQ	Fluoroquinolones
GDI	Global Drug-resistant TB Initiative
GF	Global Fund
GLI	Global Laboratory Initiative
ICRC	International Committee of the Red Cross
MDR-TB	Multidrug resistant tuberculosis
MSF	Médecins Sans Frontières
M&E	Monitoring and Evaluation
ND&R	New drugs and short regimens
NTP	National TB Program
NSP	National strategic plan
MoH	Ministry of Health
PV	Pharmacovigilance
TB	Tuberculosis
SAE	Serious Adverse Event

SES	Sanitary and epidemiology service
SLIDs	Second line injectable drugs
SOP	Standard operational procedures
UNDP	United Nations Development Programme
WHO	World Health Organization
XDR TB	Extensively drug resistant tuberculosis

1. Executive Summary

In Kyrgyzstan Challenge TB (CTB) is implemented by KNCV Tuberculosis (TB) Foundation. The goal of the project is to reduce the TB burden in the Kyrgyzstan by improving management of drug resistant TB (DR-TB) through implementation of new anti-TB drugs and shorter regimen for treatment of DR-TB. Approved budget for year 2 was 310 000 USD. KNCV implements CTB project in close collaboration with national (Ministry of Health (MoH), Department of drugs provision of the MoH, National TB Center and MDR TB hospital in Karabalta) and international partners (WHO, UNDP/GF, MSF).

In the first two years CTB focused on preparation for programmatic implementation of shorter regimen and new anti-drugs for treatment of DR-TB, i.e. development of legal and regulatory framework, creating a system for active drug safety monitoring and management (aDSM) and building capacity. Implementation of new anti-TB drugs and shorter treatment regimen will be initiated in Bishkek city and Chui oblast. Multidrug resistant TB (MDR-TB) patients eligible for shorter regimen will start treatment at the National TB center and DR-TB patients eligible for treatment regimens containing new drugs will start treatment at MDR-TB hospital in Karabalta.

Five key achievements in Year 2

- 1) Plan of introduction of ND&R developed and approved by MoH in April, 2016
CTB developed a plan on the introduction of new drugs and short regimen (ND&R) which was endorsed by the National TB Program (NTP) in April 2016. This is a significant development which requires NTP to plan and implement a comprehensive strategy for diagnosis, selection, enrollment and support of patients on new treatment regimens, including new drugs. To follow up the implementation of this plan, CTB supports the NTP specialists in development of the programmatic and clinical guide for the implementation of the new drugs and short regimen.
- 2) Protocol on introduction of ND&R with SOP's developed, agreed with NTP and submitted to the ethical committee in September, 2016
Optimized diagnostic algorithm to ensure rapid diagnosis of rifampicin resistance and resistance to second line injectable drugs (SLIDs) and fluoroquinolones (FQ) was introduced for the pilot sites. For patients without additional resistance to FQs and/or SLIDs shorter treatment regimen will be prescribed; for MDR-TB patients with additional resistance to FQs and/or SLIDs regimen containing new TB drugs will be prescribed. Initially, the country planned to enroll 20 patients on the SR and 5 patients on the regimens containing new drugs in year 2, but due to delay of the drugs' delivery, patients' enrolment is postponed to November-December 2016.
- 3) Key NTP, DDP and Karabalta MDR TB hospital staff trained on the workshop on introduction of PV (WHO/CTB) in December, 2015
The main TB facilities in Bishkek city and Chui oblast, NCP and MDR-TB hospital in Karabalta, are involved in ND&R introduction activities. Optimized case detection and MDR-TB patient triage will be organized starting from Bishkek city TD and Chui oblast. CTB in collaboration with the World Health Organization (WHO) conducted introductory training on Pharmacovigilance (PV) in December 2016. During the training the NTP and partners agreed that only cases with serious adverse events (AE) will be reported to the PV unit of the Department of Drugs Provision (DDP).
- 4) 31 NTP, DDP and Karabalta MDR TB hospital clinical and laboratory staff trained on introduction of ND&R in July, 2016
CTB consultants trained key specialists from the pilot sites on developed protocol in July 2016. Patients' enrolments are planned in December 2016.

- 5) Database for registration of patients enrolled on treatment with ND&R developed and installed on six local computers. 11 NTP and Karabalta MDR TB hospital staff trained on the use of data base in July 2016.

2. Introduction

The overall goal of CTB is to reduce the TB burden in Kyrgyzstan by improving management of drug resistant tuberculosis (DR-TB) through implementation of new anti-TB drugs and shorter regimen for treatment of DR-TB.

Based on the National Strategic Plan (NSP) and taking into consideration the partners' activities in the country, KNCV through CTB provides technical assistance (TA) to the NTP in preparation and implementation of new drugs and treatment regimens. KNCV will help the country to set up the essential treatment and management conditions for appropriate use of new drugs and treatment regimens, while at the same time developing measures to care for and to prevent transmission of drug resistant tuberculosis in the community from patients for whom no effective treatment is available (yet).

Over the life of the project we intend to achieve the following results:

1. Developing national policy framework for proper implementation of new drugs and shortened regimens for M(XDR)TB treatment. The National TB Program (NTP) is capable to use new drugs and regimens for M(XDR)-TB patients
2. Adjusting diagnostic algorithms and clinical monitoring up are aligned with the program needs to enable proper diagnosis and M/XDR-TB treatment follow-up
3. Creating a model of good clinical management practice in use of new drugs and shorter regimen including (aDSM)
 - a. Create program conditions in selected sites for implementation of new drugs and shorter regimen
 - b. Build capacity in clinical management of M(XDR)TB in relation to new drugs and shorter regimen
 - c. Empower patients to be responsible for treatment results

The project will be implemented in close collaboration with the MoH (including department of pharmaceutical supply), NTP, USAID Defeat TB project, MSF, MDR-TB Regional Center in Karabalta and sanitary epidemiological service (SES).

In accordance with the NSP and taking into consideration partners' activities in the country, main CTB project activities in year 2 were planned in the technical area of Programmatic Management of Drug Resistant Tuberculosis (sub objective: Patient centered care and treatment).

The approved buy in amount for year 2 was 310 000 USD.

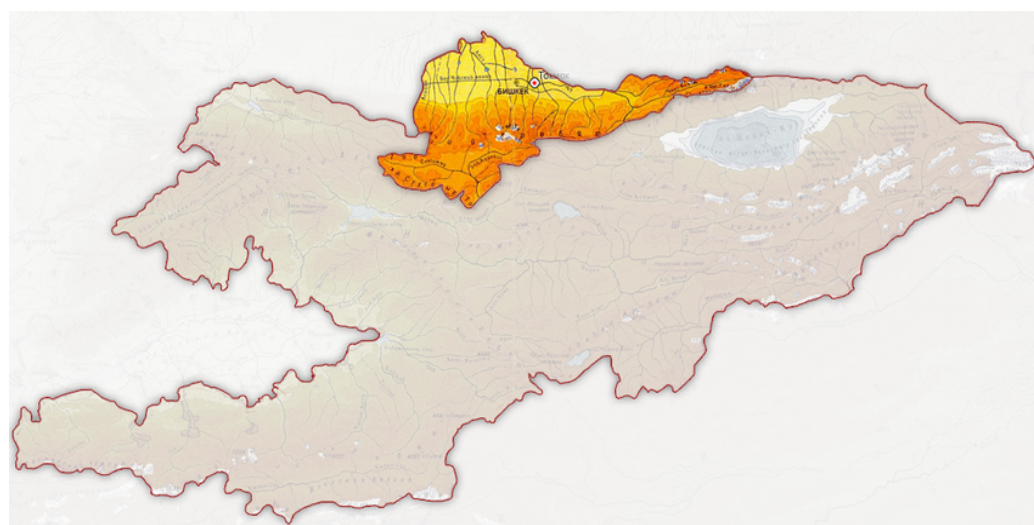
By the CTB' project end (2019) we intend to achieve the following results:

1. The NTP is using new drugs and regimens for M(XDR)-TB patients in a good quality and sustainable fashion
 - a. Contribute to 50% reduction in the number of new MDR TB cases
 - b. 75% treatment success rate for MDR TB
2. The diagnostic algorithms and bacteriological follow up are aligned with the program needs to enable proper diagnosis and M/XDR-TB treatment follow-up
3. Treatment and management conditions for implementation of new drugs and regimens are created, starting at the NTP, and Karabalta with a scale up plan
4. Active pharmacovigilance (PV) in relation with the introduction of new TB drugs and regimens
5. The NTP has effective and ethical policies as well as palliative care programming to for infectious TB patients who are not successful with their treatment
6. All MDR and XDR patients receive psychosocial and economic support through coordination with other stakeholders and funding opportunities.

In 2016 the NTP made a commitment to introduce shortened MDR-TB treatment regimens and DR-TB treatment regimens containing new TB drugs. This commitment includes commitment to collaborate with the CTB project in order to fulfill the WHO' requirements for implementation of shorter regimen and new drugs. CTB during implementation of year 2 activities collaborates on DR TB related issues with national partners MoH, NTP, Karabalta MDR TB hospital, DDP, Ethical committee and international agencies WHO, Global Fund (GF), United Nations Development Programme (UNDP), Médecins Sans Frontières (MSF), International Committee of the Red Cross (ICRC) and USAID project "Defeat TB".

Implementation of the shorter treatment regimen and regimens containing new drugs will start in selected sites of Bishkek city and Chui oblast. Bishkek city is the capital of the Kyrgyzstan with 974,100 populations. Chui oblast is one of the biggest in population and territory oblasts with 870,300 registered populations. Figure 1 shows the pilot sites Bishkek city and Chui oblast.

Figure 1 Map of Kyrgyzstan, pilot sites Bishkek city and Chui oblast marked in orange



decision on enrollment of patients on shorter regimen and regimens containing new drugs will be made by the Central Doctors Consillium based at the National Center of phthisiology in Bishkek city..

Results of Year 2 Activities implementation:

- National Plan for introduction of new anti-TB drugs and shorter treatment regimen was approved by the MoH on 26 April, 2016
- Protocol on Programmatic implementation of the new TB drugs and short MDR TB treatment regimen was developed and introduced in two MDR- TB treatment facilities: National TB center, MDR- TB hospital in Karabalta.
- Optimized diagnostic algorithm and MDR-TB patient triage will be organized starting from Bishkek city and Chui oblast.
- Interim database for registration of treatment information of patients enrolled on new drugs and shorter treatment regimen was developed, installed and tested by operators in project sites.
- First patients for enrollment on treatment regimens containing new drugs were selected. According to the plan the start of patients' enrolment was planned in July 2016 but is postponed till November-December 2016 due to delay of drugs' delivery (see section 4. CTB Support to Global Fund Implementation for more details on the delay).

3. Country Achievements by Objective/Sub-Objective

CTB in APA3 developed legal frame work for introduction of ND&R: implementation plan and guideline. Developed data base for registration patients enrolled to treatment on ND&R. Staff of pilot sites trained on management of XDR TB patients.

Key Results



Figure 2 MoH decree endorsed plan on introduction of ND&R. Training on PV in collaboration with WHO. Workshop and training on developed guideline on introduction of ND&R for proper enrolment and management of M/XDR TB patient's.

Sub-objective 3. Patient-centered care and treatment

The following key activities were performed during Year 2:

Regulatory framework and coordination

- With CTB support the National plan on programmatic implementation of shorter MDR-TB treatment regimen and regimens containing new drugs are developed and approved by the MoH in April, 2016.
- The CTB team facilitated monthly coordination meetings with involvement of National (MoH, NTP, DDP, Karabalta MDR-TB hospital), International (GF/UNDP, Defeat TB, MSF) and local NGO's representatives, as well as regular meetings with representatives of MoH, PV department to discuss the legal framework for shorter regimens and new drugs.

Diagnosis and treatment

- CTB conducted workshops for development of links between laboratory and clinicians. Detailed description of diagnostic processes and laboratory feedback included in the standard operating procedures (SOP) agreed with Laboratory and Clinical staff of the NTP and Bishkek and Chui oblast TB facilities.
- Project team provided support in preparation for patient enrollment in pilot sites – development of SOPs, ensuring access to relevant baseline and monitoring tests in coordination with partners, training of clinical and laboratory staff.
- Training on implementation of the new TB drugs and short MDR TB treatment regimen for key clinical, laboratory and SES staff 31 participants involved in CTB activities conducted by KNCV HQ PMDT consultant Gunta Dravniece, Susan van den Hof and Regional PMDT Advisor Maria Idrissova in July 2016.
- Patient selection and enrolment to treatment is postponed to December 2016, which is related to the delay in drugs delivery.

aDSM and Monitoring&Evaluation (M&E):

- KNCV HQ consultants Job van Rest and Hadi Qawasmeh developed an interim database for registration of all patients enrolled on treatment with ND&R. The database is installed on six local computers.
- 11 specialists from the National TB center, Karabalta MDR TB hospital, Bishkek TB center and Chui oblast TB center were trained on the use of the interim database in July 2016.
- CTB participated in the WHO assessment and training on active PV and clinical monitoring of AE in December, 2015. Other participants were key staff of the MoH, National TB center, Department of Drugs Provision and Karabalta MDR TB hospital.
- During several meetings and workshops CTB agreed on recording/reporting procedures of AE, developed SOPs, included variables on aDSM in the interim database, and provided training for staff in pilot sites.

#	Outcome Indicators	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y2	Y2
3.	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers	3.2.4. Number of MDR-TB cases initiating second-line treatment	1219 MDR TB, 43 XDR TB with standart regimens, 0 initiated short regimens (2014) and none of the XDR cases received adequate Tx regimen	5 XDR TB (new regimens) and 20 MDR TB cases for short regimens	0 XDR TB (new regimens) and 0 MDR TB cases for short regimens Patient enrollment will start in Y3
11.	11.1. Qualified staff available and supportive supervisory systems in place	11.1.3. # of healthcare workers trained, by gender and technical area	0	25	42 (Introduction of ND&R -31; Introduction of temporal data base – 11)

4. CTB Support to Global Fund Implementation

Current Global Fund TB Grants

Table 1 Global Fund TB Grants

Name of grant & principal recipient (i.e., Tuberculosis NFM - MoH)	Average Rating*	Current Rating	Total Approved/Signed Amount**	Total Committed Amount	Total Disbursed to Date
KGZ-S10-G08-T, UNDP	A2	A1	\$ 24.7 m	\$ 24.7 m	N/A
KGZ-910-G07-T, HOPE	A2	A2	\$ 5,9 m	\$ 5,6 m	N/A
KGZ-C-UNDP			\$18,617,455	\$18,517,455	\$3,637,566

* Since January 2011

** Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible.

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The GF grant is sufficiently implemented by UNDP. UNDP is working with MoH and NTP on a transition plan, as well as an increase of the MoH's capacity to manage the implementation of GF grant. The USAID mission hired Grant Management Solutions (GMS) to assist MoH in the assessment of the project implementation unit.

Despite the good implementation of the GF grant, Kyrgyzstan experienced a delay in the import of BDQ and companion drugs. The delivery of the drugs was postponed from June 2016 to November-December 2016 due to the difficulties in the calculation of the number of DR-TB patients (especially PDR) CTB supported the NTP in data analysis and estimation of DR-TB patients. Based on this data, CTB helped to calculate the quantity of SLDs with use of QuantTB tool. Calculation of SLD was done in Quant TB tool with taking to account of all stocks, SLD was ordered in June 2016.

The acting Head of the UNDP/GF grant - Nazgul Akaeva (Head of financial unit) - is supported by international consultant Itana Labovich. This contract will end at the end of October 2016, Itana Labovich applied for the vacant position of Chief of party. The new head of UNDP/GF will be introduced in November-December 2016.

One of the principal recipients of GF in Kyrgyzstan, Project HOPE, finished implementation of the GF grant in August 2016. The development of Electronic Database, one of the activities of Project HOPE' portfolio was not completed. UNDP is planning to support follow up completion.

CTB involvement in GF support/implementation and any actions taken during Year 2

CTB worked in close collaboration with GF project to ensure optimal and efficient use of resources of both projects. During the development of the GF CN, CTB project team came into agreement with GF PIU on procurement of new, companion and repurposed drugs. And CTB will prepare the ground for introduction of ND&R with proper implementation of these drugs. During APA2 CTB developed plan and guideline for introduction of the new ND&R. BDQ and DEL included in the National guidelines on management of XDR TB patients. NTP staff trained on management of XDR TB patients. Data base for registration patients enrolled to treatment on ND&R developed and installed on local computers.

5. CTB Success Story

Innovations bring new hope for patients with drug resistant tuberculosis in Kyrgyzstan

Multi-drug resistant tuberculosis (MDR-TB) is caused by bacteria that is resistant to the two strongest (first line) TB drugs and whose treatment can take more than 20 months. This length of time puts a heavy strain on healthcare systems and human resources, and many patients fail to complete their treatment because of side effects or the need to support their families. The 2015 WHO Global TB report showed that MDR-TB treatment success rates remain unacceptably low at below 50% overall, with around 80% of those who fail treatment dying within three years.

Recent international experience demonstrates that for MDR-TB patients for whom key second line drugs are effective the duration of treatment can be substantially shortened to nine months, reducing the burden on patients, families and NTPs, and increasing the chance of survival. This brings much needed hope for MDR-TB patients with limited treatment options. After more than 40 years without new TB drugs, two new anti-TB drugs, BDQ and Delamanid, have been approved for the treatment of MDR-TB.

Kyrgyzstan is on the list of countries with a high prevalence of MDR-TB, and has growing numbers of extensively drug-resistant TB (XDR-TB) patients, for which there is currently no effective treatment available within the country. Shockingly out of the 127 patients diagnosed with XDR-TB in 2015, only 44 (35%) are still alive. While new drugs and regimens can make treatment more bearable for MDR-TB patients, for some MDR-TB and most XDR-TB patients these innovations can literally save their lives, and combat the spread of these dangerous forms of TB.

The USAID funded CTB program, led by KNCV Tuberculosis Foundation, has supported the introduction of innovative approaches in local MDR-TB management, to ensure universal access to effective treatment for all patients. The fight against TB requires a holistic approach focusing on significant political, logistical and regulatory collaboration.

The process of combating the spread of MDR-TB in Kyrgyzstan will be long and complicated, but the early stages have been tremendously successful. The process began with early assessments and strategies on how to introduce new drugs into the NTP. After gaining approval from the Minister of Health, the new drugs and regimens are now ready to be introduced, and staff who have been trained in early diagnosis, early treatment initiation, monitoring of treatment safety and efficacy, are ready to jump into action. The extensive work done in preparation included gaining political support, setting up essential field operations, managing all the technical and medical requirements and ensuring patient safety through the introduction of all necessary monitoring tests, providing training and establishing electronic systems for data collection and analysis.

Under the CTB project, KNCV was heavily involved in implementing new drugs and treatment regimens in Kyrgyzstan. The NTP received extensive support in planning and promoting the development of a comprehensive national plan and ensure universal access for all patients. This is an opportunity to make life a little easier for patients and their families, and in the case of XDR-TB patients it is their only chance of survival.

Through hard work, dedication and collaboration, Challenge TB and other NTP partners have supported the NTP and its recently approved National Plan for TB. Kyrgyzstan is now ready to start treating patients, delivering desperately needed medical services, supporting families and bringing hope to patients with both M/XDR-TB. Thanks to USAID's Challenge TB project, a diagnosis of MDR-TB in Kyrgyzstan no longer has to mean 20 months of suffering, or a potential death sentence.

Whilst the efforts taken are cause for celebration, we can't lose sight of the eventual goal of eliminating the spread of the TB epidemic, and turning one of the deadliest diseases that humanity has ever faced into a footnote in the history of Kyrgyzstan, and the world.



Celebration of the World TB Day.
Credit to Nurgulia Kulbekova

6. Operations Research

Introduction of the new TB drugs and short MDR TB treatment regimen was planned to be implemented in Operational Research conditions in accordance with WHO requirements. CTB developed OR protocol for introduction of the ND&R. But after the last WHO recommendations in November 2015 and May 2016, CTB in agreement with NTP and MoH decided to move forward with implementing the protocol in programmatic conditions.

7. Key Challenges during Implementation and Actions to Overcome Them

Table 2 Challenges & Actions

Challenge	Actions to overcome challenges
Technical	
Poor quality of national M(XDR-)TB data and limited analytical capacity at NTP. Limited technical capacity at CTB country office to enrollment of patients on new regimens	CTB had to provide support to analyze data and estimate number of patient's eligible for new regimens. Additional technical staff included in APA3 plans (clinical, case management and M&E TOs)
Administrative	
Drugs delivery postponed for November/December 2016	Patients enrolment moved to December 2016, updating on the job training planned on November 2016

8. Lessons Learnt/ Next Steps

Lessons Learnt

As a result of implementation of Year 2 activities CTB made a few conclusions:

- Many PMDT components were not ready for introduction of ND&R, therefore preparation takes more time than expected (around 12 months).
- TA should address essential PMDT elements and all components of patient management not only treatment regimens.
- At the same time implementation of ND&R gives an opportunity to strengthen PMDT.
- Political support is crucial for introduction of ND&R.
- Preparation at the sites level should start simultaneously with preparatory work at the national level.
- Coordination with partners is essential to ensure common approach, coordinate procurement and synergize activities.

Next steps

In the beginning of APA 3 the CTB will do the final check and preparation in the sites for introduction of NDs&SR and start enrolment patients in December, 2016.

In Year 3 the CTB project will support:

1. Universal access to rapid diagnosis of rifampicin resistance (MDR-TB and XDR-TB) starting from pilot sites with countrywide expansion.
2. Patient centered care with provision of access to new drugs and shortened regimens and appropriate management of comorbidities and AE.
3. Comprehensive partnerships and informed community involvement – development of functional DR-TB coordination body with involvement of NGOs to provide psychosocial support and education on rights and responsibilities.
4. Adjustment of drug and commodity management systems – TA to support the necessary changes in forecasting of TB and ancillary drugs and other commodities, as appropriate.
5. Human resource development – interdisciplinary capacity building for teams involved in service delivery; peer learning (experience exchange visits) for staff from new sites to the state of art facility with the emphasis on collaboration among services and teams.

Annex I: Year 2 Results on Mandatory Indicators as well as National Data on the Number of pre-/XDR-TB Cases Started on Bedaquiline or Delamanid

Table 3 Mandatory Indicators & National Data

MANDATORY Indicators				
<i>Please provide data for the following mandatory indicators:</i>				
2.1.2 A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments
Score as of September 30, 2016	1	N/A	None	NTP used National TB laboratory plan developed in 2014 with TB CARE I support
2.2.6 Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments
Number and percent as of September 30, 2016	50% (one from two laboratories)	N/A	None	Both laboratories (National and regional reference laboratories not yet accredited)
2.2.7 Number of GLI-approved TB microscopy network standards met	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments

Number of standards met as of September 30, 2016	3	N/A	None	Based on the assessment conducted during CTB lab workshop in June 2016, 3 standards (1, 9, 11)
2.3.1 Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	National 2015	CTB 2015	CTB APA 2 investment	Additional Information/Comments
Percent (new cases) , include numerator/denominator	66% (2,751/4,164)	N/A	None	
Percent (previously treated cases) , include numerator/denominator	65.7% (1,180/1,795)	N/A		
Percent (total cases) , include numerator/denominator	65.9% (3,931/5,959)	N/A		
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	National APA2	CTB APA2	CTB APA 2 investment	Additional Information/Comments
Number and percent	<i>Fill in data in "Ind 3.1.1 - APA 2" worksheet</i>	<i>Fill in data in "Ind 3.1.1 - APA 2" worksheet</i>	None	CTB will start to report this data per geographic areas in APA3. In the first two years CTB work on development legal framework and capacity building

				throw introductory workshops
3.1.4. Number of RR-TB or MDR-TB cases notified	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments
Total 2015	1158	Bishkek-235 Chui - 236	None	
<i>Jan-Mar 2016</i>	360	Bishkek-73 Chui - 73		
<i>Apr-June 2016</i>	383	Bishkek-63 Chui - 101		
<i>Jul-Sept 2016</i>	not available	not available		
To date in 2016	743	781		
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	National 2014 cohort	CTB 2014 cohort	CTB APA 2 investment	Additional Information/Comments

Number and percent of TB cases successfully treated in a calendar year cohort	Getting from WHO	Bishkek - 101/125 (80,8%) Chui oblast - 96/117 (82,1%)	None	
3.2.4. Number of patients started on MDR-TB treatment	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments
Total 2015	1199	Bishkek- 223 Chui - 261	None	
Jan-Mar 2016	341	Bishkek- 63 Chui - 68		
Apr-June 2016	381	Bishkek- 61 Chui - 103		
Jul-Sept 2016	not available	not available		
To date in 2016	722	779		
3.2.7. Number and percent of MDR-TB cases successfully treated	National 2013 cohort	CTB 2013 cohort	CTB APA 2 investment	Additional Information/Comments
Number and percent of MDR-TB cases successfully treated in a calendar year cohort	Getting from WHO	Bishkek- 47% (73/156) Chui - 55% (132/241)	None	
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	National 2015	CTB 2015	CTB APA 2	Additional Information/Comments

			invest ment	
Number and percent reported annually	49 (0,4%)	N/A	None	
6.1.11. Number of children under the age of 5 years who initiate IPT	National 2015	CTB 2015	CTB APA 2 invest ment	Additional Information/Co mments
Number reported annually	737	N/A	None	
7.2.3. % of activity budget covered by private sector cost share, by specific activity	National APA 2	CTB APA 2	CTB APA 2 invest ment	Additional Information/Co mments
Percent as of September 30, 2016 (include numerator/denominator)	N/A	N/A	None	In Kyrgyzstan private sector does not cover any activities on TB.
8.1.3. Status of National Stop TB Partnerships	National APA 2	CTB APA 2	CTB APA 2 invest ment	Additional Information/Co mments

Score as of September 30, 2016	0	N/A	None	National partnership and coordination body with appropriate representation and capacity functioning on the National level as Country Coordination Mechanism (CCM) for coordination GF founded activities, MoH conducted regular Joint Annual Review (JAR) for review and coordination of other partners activities per SWAP donors request World Bank, Swiss Red Cross and KfW. MoH and NTP not accepted any other coordination bodies. it is covered by CCM and JAR activities.
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments
Percent as of September 30, 2016 (include numerator/denominator)	N/A	N/A	None	no local partners involved in implementation in Year 2

8.2.1. Global Fund grant rating	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments
Score as of September 30, 2016	B2	N/A	None	GF grant rating decreased due to expiration of date for use of cicloserine (around 250K USD) on management issues. CTB will provide TA for proper implementation of the ND&R to improve GF grant rating in Kyrgyzstan.
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments
Number as of September 30, 2016	no	N/A	None	In the framework of Elli Lilly, KNCV implements Quant TB tool for proper calculation and drug management (Elli Lilly funded) in 2015-2016 for monitor and on stocks. R60/H60 -285 591 (31.01. 2017), 60/H30/Z150 - 33 536 (31.01.2017). In accordance with last NTP

				order this drugs will be used for adalts also and planned to be utilized in 3-4 mounth.
10.1.4. Status of electronic recording and reporting system	National APA 2	CTB APA 2	CTB APA 2 invest ment	Additional Information/Co mments
Score as of September 30, 2016	1	N/A	None	Project HOPE developed electronic recording and reporting database and piloted it in six pilot sites. In the last year this database was adjusted by laboratory and drug management components but drug management component is not fuctioning very well. CTB will register and report on patients enrolled on the new drugs and regimens in the interim data base.

10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments
Yes or No as of September 30, 2016	0	0	None	WHO provided the regular assesment of surveillance sysytem in accordance with international standarts and bebbchmarks. CTB will support this area in APA 3 with assesment of situation for development Concept Note and National Strategic Plan. Report on 2016 assesment visit (Martine van den Boom, Manfred Danilovich) available
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments
Percent as of September 30, 2016 (include numerator/denominator)	N/A	0	None	CTB in Kyrgyzstan did not fund Operational research projects so far.

10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	National APA 2	CTB APA 2	CTB APA 2 investment	Additional Information/Comments
Yes or No as of September 30, 2016	no	N/A	None	
11.1.3. Number of health care workers trained, by gender and technical area	CTB APA 2		CTB APA 2 investment	Additional Information/Comments
			Limited	CTB in APA 2 focused on development legal framework and capacity building of the national partners on introduction of the new TB drugs and short MDR TB treatment regimens
	# trained males APA 2	# trained females APA 2	Total # trained in APA 2	Total # planned trainees in APA 2
1. Enabling environment			0	
2. Comprehensive, high quality diagnostics			0	
3. Patient-centered care and treatment			0	
4. Targeted screening for active TB			0	

5. Infection control			0	
6. Management of latent TB infection			0	
7. Political commitment and leadership			0	
8. Comprehensive partnerships and informed community involvement			0	
9. Drug and commodity management systems			0	
10. Quality data, surveillance and M&E			0	
11. Human resource development			0	
Workshop on introduction of the new TB drugs and short regimens	4	27	31	
Workshop on introduction of temporal data base	4	7	11	
Grand Total	8	34	42	25
11.1.5. % of USAID TB funding directed to local partners	National APA 2	CTB APA 2	CTB APA 2 invest ment	Additional Information/Co mments
Percent as of September 30, 2016 (include numerator/denominator)	N/A	N/A	None	No local partners were involved in APA 2

Year/Quarter	Number of pre- /XDR-TB cases started on BDQ nationwide	Number of pre- /XDR-TB cases started on DLM nationwi de	CTB APA 2 invest ment	Additional Information/Co mments
Total 2014	0	0	Moderate	Patients enrolment will be started in December 2016
Total 2015	0	0		
Jan-Mar 2016	0	0		

Apr-Jun 2016	0	0		
Jul-Aug 2016	0	0		
To date in 2016	0	0		

		Reporting period					CTB APA 2 investment	Additional Information/Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2		
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						None	<p>2016 data not available yet.</p> <p>CTB will start to report this data per geographic areas in APA3. In the first two years CTB work on development legal framework and capacity building through introductory workshops</p>
	Bishkek	305				305		
	Chui oblast	425				425		
						0		
						0		
						0		
						0		
						0		
						0		
	TB cases (all forms) notified for all CTB areas	730	0	0	0	730		

	All TB cases (all forms) notified nationwide (denominator)	1952				Civil sector: all forms - 7544; Penitentiary sector: all forms -289; Total - 7833		
	% of national cases notified in CTB geographic areas	37%	#DIV/0!	#DIV/0!	#DIV/0!	#VALUE!		
Intervention (setting/population/approach)							CTB APA 2 investment	Additional Information/Comments
Choose an item.	CTB geographic focus for this intervention					0	None	
	TB cases (all forms) notified from this intervention					0		
	All TB cases notified in this CTB area (denominator)					0		
	% of cases notified from this intervention	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
Choose an item.	CTB geographic focus for this intervention					0	None	
	TB cases (all forms) notified from					0		

	this intervention							
	All TB cases notified in this CTB area (denominator)					0		
	% of cases notified from this intervention	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
Choose an item.	CTB geographic focus for this intervention					0	None	
	TB cases (all forms) notified from this intervention					0		
	All TB cases notified in this CTB area (denominator)					0		
	% of cases notified from this intervention	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		

Annex II: Status of EMMP activities

Table 4 EMMP activities

Year 2 Mitigation Measures	Status of Mitigation Measures	Outstanding issues to address in Year 3	Additional Remarks
In Year 2 CTB implemented activities on education, technical assistance and training about activities that inherently affect the environment include discussion prevention and mitigation of potential negative environmental effects.	No environmental impacts as a result of these activities.	No outstanding issues to address in Year 3. For Year 3 the proposed activities are without any risk of pollution for the environment	In Year 3 CTB Provide activities on education, technical assistance and training about activities that inherently affect the environment include discussion prevention and mitigation of potential negative environmental effects.